

Arkansas List I Chemical Application

Completion of this application form is necessary for consideration for a permit to operate as a wholesale distributor of List I chemicals pursuant to Arkansas Pharmacy Law and Regulation. (You may download statutes and regulations from our website. The web address is: <http://www.arkansas.gov/asbp/> Select Pharmacy Lawbook and review the Uniform Controlled Substances Act § 5-64-1005 *et seq* and Regulation 8 beginning on page 12 with 08-02-0001.)

Disclosure of this information is voluntary. However, failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. All candidates for licensure, renewal, and/or examination have an obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application is subject to the public information laws of Arkansas.

Carefully follow the directions on this application form. In addition, note the following:

1. Type or print legibly with black or blue ink only.
2. The registration and application fees are NOT refundable.

Please complete the entire application and submit additional pages as needed or as indicated in the instructions.

Supporting Documentation and Fees

Submit the following documents and fees:

1. This completed application (4 pages.)
2. A copy of your wholesale distributors license/permit issued by the state in which the applicant is located.
3. A copy of the latest inspection report issued by the state in which the applicant is located.
4. Copies of all federal licenses and permits.
5. A copy of your product liability insurance.
6. An application fee. (See PART V on the application.)
7. Supplemental information as specified in the application.

Your application is NOT considered complete until all supporting documents and fees have been received by the Arkansas State Board of Pharmacy.



FOR OFFICE USE ONLY

License # _____

Date Issued: _____

Fee Submitted: _____

Application for an Arkansas List I Chemical Permit

PART I: GENERAL INFORMATION			
1.	<i>Business Name</i>		
	<i>dba</i>		
2.	<i>Physical Address</i>		
	<i>Street</i>		
	<i>City</i>		
	<i>State</i>	<i>Zip</i>	
3.	<i>Mailing Address</i>		
	<i>Street or PO Box</i>		
	<i>City</i>		
	<i>State</i>	<i>Zip</i>	
4.	<i>Telephone Number</i>	<i>Fax Number</i>	
5.	<i>Website</i>		
6.	<i>Type of Operation</i> (check all that apply)	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesale Distributor <input type="checkbox"/> Repacker <input type="checkbox"/> Other *	<input type="checkbox"/> Jobber <input type="checkbox"/> Warehouser <input type="checkbox"/> Retail Pharmacy <input type="checkbox"/> Hospital Pharmacy
<i>*If other, please provide a description of your operation on a separate sheet.</i>			
7.	<i>Methods of Distribution</i> (check all that apply)	<input type="checkbox"/> Products shipped directly to retail outlets or institutions <input type="checkbox"/> Products shipped to distributors, wholesalers, repackers, jobbers <input type="checkbox"/> Reverse distribution <input type="checkbox"/> Other (please explain on a separate sheet)	
8.	<i>Classes of List I Chemical (check all that apply)</i>	<input type="checkbox"/> human <input type="checkbox"/> veterinary	
9.	<i>Is this application made as a result of a change of ownership?</i>		[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
10.	<i>Person with whom the Arkansas State Board of Pharmacy may communicate regarding this application:</i>		
	<i>Name</i>	<i>Position</i>	
	<i>Telephone</i>	<i>Cell Phone</i>	
	<i>Email</i>		
11.	<i>Has the applicant ever been licensed in Arkansas?</i>		[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
12.	<i>How long has the applicant been engaged in the wholesale distribution of List I Chemicals?</i>		_____ years
13.	<i>Is this business registered with the DEA as a retail distributor of List I chemicals and is the registration in good standing?</i>		[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
	<i>If Yes, what is the DEA number _____</i>		
	<i>and what is the Registrant's Name _____?</i>		
14.	<i>Does this business conduct operations at more than one location that ships List I chemicals into Arkansas?</i>		[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
	<i>If Yes, is each site licensed? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No</i>		

Company Name: _____

PART II: Applicant History

Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. You must answer each question with a "Yes" or "No" response as no other response is acceptable. All "Yes" answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit. The affidavit should include all relevant dates, and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action. NOTE: If you answer "Yes" to any of the questions below and you have already submitted a detailed affidavit to the Arkansas State Board of Pharmacy explaining your response you need not submit another detailed affidavit. Please note the date of your previous submission next to the applicable question(s).

15.	Is the applicant currently under investigation in any state in which it is licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Has the applicant ever been convicted of violating any federal, state or local law related to List I chemicals or controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Has the applicant ever been convicted of a felony or any crime involving controlled substances or list I chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Have any of the applicant owners, officers, directors or stockholders ever been convicted of a felony? (If the business is a corporation, you need not include stockholders in this question unless they currently serve as officers or directors of the applicant business, or own more than twenty percent (20%) of the company stock.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Has any sanction or disciplinary action ever been taken regarding any license, permit or registration issued to the applicant, officers, stockholders, members or partners involving the distribution of List I Chemicals? (If the business is a corporation, you need not include stockholders in this question unless they currently serve as officers or directors of the applicant business or own more than twenty percent (20%) of the company stock.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Are there any charges pending against the applicant, officers, directors, members, partners or stockholders involving the distribution of List I Chemicals or controlled substances? (If the business is a corporation, you need not include stockholders in this question unless they currently serve as officers or directors of the applicant business or own more than twenty percent (20%) of the company stock.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Has the DEA registration as a List I chemical distributor ever been revoked, suspended or surrendered?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART III: Business Ownership

22. Select the appropriate form of ownership from the following choices.

☐ **Sole Proprietorship-** Please provide the name and address of the owner.

☐ **Partnership Name:** _____

Indicate with a check (✓) whether it is a general or limited partnership.

☐ **General Partnership** – please provide the names and addresses of all partners. You may attach a list of partners if there is not enough space.

☐ **Limited Partnership** – please provide the names and addresses of all partners and indicate if they are general partners or limited partners. You may attach a list of partners if there is not enough space.

Company Name: _____

[] Corporation Name: _____ [] Check if Subchapter S Corporation

Employer Identification Number: _____

State of Incorporation: _____

Is this corporation publicly traded? [] Yes [] No

Is this corporation a subsidiary of another (parent) company or corporation? [] Yes [] No

*If yes, please explain your relationship to your parent company on a separate sheet
or provide a schematic which illustrates the relationship.*

Officers

President _____

Vice President _____

Secretary _____

Treasurer _____

Director _____

*If you need additional space for the corporate officer/director list, please attach the list as a
separate document.*

Name(s) of stockholder(s) who own more than twenty percent (20%) of the stock or voting rights of the company

[] LLC Name: _____

You may be contacted for additional information.

Officers

President _____

Vice President _____

Secretary _____

Treasurer _____

Director _____

*If you need additional space for the corporate officer/director list, please attach the list as a
separate document.*

Name(s) of individual(s) who own more than twenty percent (20%) of the stock or voting rights of the company

[] LLP Name: _____

You may be contacted for additional information.

Please provide a general description of your company organization:

Please provide the names and addresses of all partners. You may attach a list of partners if there is not enough space.

Company Name: _____

PART IV: DOCUMENTATION

Attach copies of the following documents to this application, or an explanation of why these documents are not included:

- (A) *If the applicant is not an Arkansas business, a copy of the license/permit issued by the state in which the wholesale distributor is located.*
- (B) *If the applicant is not an Arkansas business, a copy of the latest inspection report issued by the regulatory agency that performs such inspections in the state in which the business is located.*
- (C) *Copies of all federal licenses or permits.*
- (D) *A copy of your product liability insurance.*

PART V: APPLICATION FEES

*Check **one** of the following options:*

- ☐ This is a new business.
What is the date this application will be submitted to the Arkansas State Board of Pharmacy? Add thirty days. What is the new date? _____
If this date falls in an even numbered year, the fee is \$300.00
If this date falls in an odd-numbered year, the fee is \$450.00
- ☐ This is a change of ownership of a current license holder.
The fee for a change of ownership is \$150.00.

PART VI: CERTIFICATIONS

Please read carefully and sign below.

I swear, or affirm that all statements made herein and on the attached forms are true and correct. All of the provisions of Arkansas laws and regulations related to the distribution of List I chemicals in Arkansas will be faithfully observed during the period any permit issued may be in force and effect.

I swear and affirm that I know where to locate the statutes and regulations related to the distribution of List I chemicals in Arkansas. (They are available online at the Arkansas State Board of Pharmacy website in the Pharmacy Lawbook section under the Uniform Controlled Substances Act § 5-64-1005 *et seq* and Regulations 08-00-0001 through 08-00-0014.)

I also affirm that the applicant will: employ adequate personnel with the education and experience necessary to safely and lawfully engage in the wholesale distribution of List I chemicals; meet the minimum requirements for the storage and handling of List I chemicals specified in Regulation 08-02-0006; identify suspicious orders as described in Regulation 08-02-000; comply with all applicable federal, state and local laws and regulations; notify the Arkansas State Board of Pharmacy if any information contained in this application changes within thirty (30) days of the change.

By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, that the information given in this application is true, correct and complete to the best of my knowledge. I authorize the Arkansas State Board of Pharmacy to review files pertaining to this application and related documents, and all law enforcement records, administrative records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization for entities in possession of applicable information to release such information to the Arkansas State Board of Pharmacy.

Signature of Owners/Representative: _____

Print the name of the Owner/Representative: _____

Position : _____ Date: _____

Checks should be made payable to: *Arkansas State Board of Pharmacy.*

Return the completed application and all related documents and fees to: Arkansas State Board of Pharmacy, 101 East Capitol, Suite 218, Little Rock, AR 72201 Website: <http://www.arkansas.gov/asbp> Telephone: 501-682-0190